

IPPF/Kathleen Prior

Gender Equality, Disability and Social Inclusion (GEDSI) analyses for 9 Pacific Member Associations

Summary

**Sub Regional Office for the Pacific
December 2025**

HIGHLIGHTS

- The **International Planned Parenthood Federation (IPPF)** is a global federation and movement of 100+ locally led Member Associations (MAs) in 150+ countries, dedicated to **Sexual and Reproductive Health, Rights, and Justice (SRHRJ)**.
- The **IPPF Sub-Regional Office for the Pacific (SROP)** has the regionally focused **Pacific Niu Vaka Strategy Phase II 2023-2028 (NVII)**. By December 2028, it is expected that 9 Pacific MAs are using a Gender Equality, Disability and Social Inclusion (GEDSI) approach to monitor shifts in perceptions and attitudes in relation to gender equality and inclusion.
- A **2023 pilot GEDSI analysis** with the Cook Islands Family Welfare Association (CIFWA) utilized a self-assessment approach with a scoring system to compare performance over time. The tools were revised in 2025.
- In 2025, IPPF supported **8 Pacific MAs** from Fiji, Kiribati, Papua New Guinea, Samoa, the Solomon Islands, Tonga, Tuvalu, and Vanuatu in completing a GEDSI analysis.
- A **5-step process** was adopted, including preparation (step 1), analysis (step 2), reporting (step 3), review (step 4), and repeat (step 5). The **first 3 steps** were completed, including a rapid situation analysis, self-assessment questionnaires, a baseline GEDSI score, the development of a GEDSI action plan for 2025 to 2028, and a GEDSI in SRHR stakeholder consultation.
- The CIFWA completed the new disability inclusion self-assessment and updated their GEDSI action plan for 2025 to 2028. The MAs will **continue to implement step 4 (annual review) and step 5 (repeat) in 2028**.
- **All 9 Pacific MAs scored over 50% on the baseline GEDSI self-assessment** and are actively addressing GEDSI to some extent. The Cook Islands, Kiribati & Samoa MAs scored highly (>80%), indicating that they are implementing a GEDSI approach throughout their organisation, services and programmes.
- The **gender self-assessments consistently scored the highest** of the 3 components. While the disability inclusion self-assessments consistently scored the lowest and are a priority area for strengthening across all 9 MAs.
- A total of **218 participants from 106 organisations** participated in the 9 GEDSI in SRHR stakeholder consultations in the Cook Islands (2023), Fiji, Kiribati, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu (2025).
- Each GEDSI analysis has successfully supported the MA in developing a better understanding of how gender, power dynamics, and social inclusion intersect in their context & how this affects **access to their services and programmes**.
- The GEDSI analyses are an **important first step**. To demonstrate measurable improvement when repeated (step 5), both IPPF & the MAs will need to **commit human and financial resources** over the next 3 years to implement the GEDSI action plans.
- This activity contributes to the **NVII results framework**, co-funded under a Pacific Women Lead grant and supported under the IPPF Pacific Niu Vaka Phase II strategy through the Australian Department of Foreign Affairs and Trade (DFAT) and New Zealand Ministry of Foreign Affairs and Trade (MFAT).

METHODOLOGY

Objectives

- For IPPF** By December 2028, it is expected that the 9 Pacific MAs are using a Gender Equality, Disability and Social Inclusion (GEDSI) approach to monitor shifts in perception and attitudes in relation to gender equality and inclusion (Pacific Niu Vaka Strategy Phase II 2023-2028).
- For Member Associations** Complete a baseline GEDSI analysis and action plan to better inform them how gender and power dynamics and social inclusion intersect in their context and demonstrate that they are actively integrating a GEDSI approach to monitor shifts in perception and attitudes in relation to gender equality and inclusion.

The GEDSI analysis adopted a five-step process that includes preparation (step 1), analysis (step 2), reporting (step 3), review (step 4) and repeat (step 5), **Figure 1**. The **analysis (step 2)** included: a) rapid situation analysis, b) gender, disability inclusion and diverse SOGIESC inclusion self-assessment questionnaires, c) a baseline GEDSI score, d) development of a GEDSI action plan 2025 to 2028 and e) a GEDSI in SRHR stakeholder consultation.

The first GEDSI analysis tool was piloted in 2023 with the Cook Islands Family Welfare Association (CIFWA) for the Cervical Cancer project (DFAT). The tool was revised early 2025 and the baseline GEDSI analysis (steps 1 to 3) were implemented with the other eight MAs between March and September with a budget of US\$80,000. A virtual workshop was held with CIFWA in September to complete the new disability inclusion self-assessment and update their GEDSI action plan for 2025 to 2028. Moving forward the MAs will complete an annual review of the GEDSI action plan (step 4) and then repeat in 2028 (step 5) to measure progress.

Process

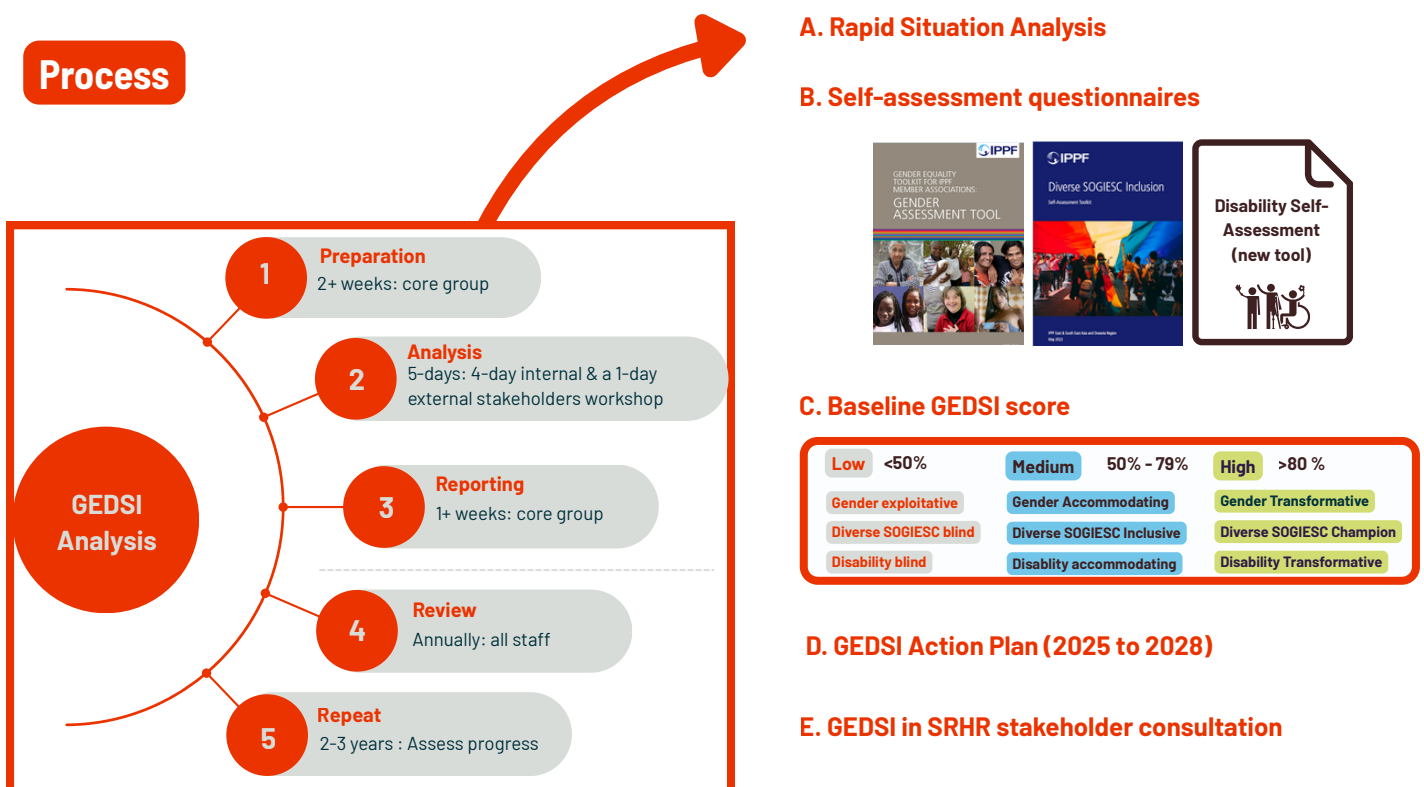


Figure 1. Infographic of the Pacific GEDSI analysis process. On the left is the 5-step GEDSI analysis process; 1. preparation, 2. analysis, 3. reporting, 4. review and 5. repeat. On the right, the analysis step consisted of A. Rapid situation analysis, B. Self-assessment questionnaires, C. Baseline GEDSI score, D. GEDSI Action Plan (2025-2028) and E. GEDSI in SRHR Stakeholder consultation.

RESULTS

A. Rapid Situation Analysis

The situation analysis adapted the *IPPF Gender equality toolkit Tool 3: Gender Equality Rapid Situation Analysis*. The tool looked specifically at gender equality but was adapted to include considerations of intersectionality for disability and social inclusion. It included a desk review, mapping of gender inequality in the local context and a guided questionnaire on the three dimensions of gender equality (social, structural and MA services). This informed the analysis and reflections on the constraints and opportunities, the groups that face obstacles to SRHR and key stakeholders. The recommendations and critical constraints were presented to the GEDSI in SRHR stakeholder consultations to inform the group discussions.

The ‘landscape’ mapped inequality in the local context. Some of the common themes identified across the 8 analyses include; structural challenges, social and attitudinal barriers and the high prevalence of SGBV are the most common contributors to gender inequality in the Pacific. Understanding the barriers, constraints and opportunities is important to support MAs to to address challenges in attaining SRHR&J.

The rapid situation analysis asked MAs to identify the high risk groups that face the greatest or most urgent obstacles to SRHR in their context. This was used to inform two to three ‘priority groups’ for the “rights-based and stigma-free services” in the gender self-assessments. There was some variation across the eight analyses but these can be broken into nine groups; young people (particularly young women in rural areas & adolescent mothers), people living with disability (particularly women and girls), SGBV survivors, individuals of diverse SOGIESC / LGBTQI+, sex workers, women who are single mothers, divorced or widows, people living with HIV, migrants (internal/external) or other mobile groups (e.g. students), and low socioeconomic/ homeless individuals.

Considerations for the three dimensions of gender equality (the social and family environment, structural or nature of legal/administrative framework and MA services) were used to identify opportunities and constraints to SRHR in the local context. There were similarities across the eight analyses illustrated in **Figure 2**.

The rapid situation analysis provided the MAs a good understanding of some of the gender issues and the legal, social and public health context in which they operate and how this may affect access to their services and programmes.

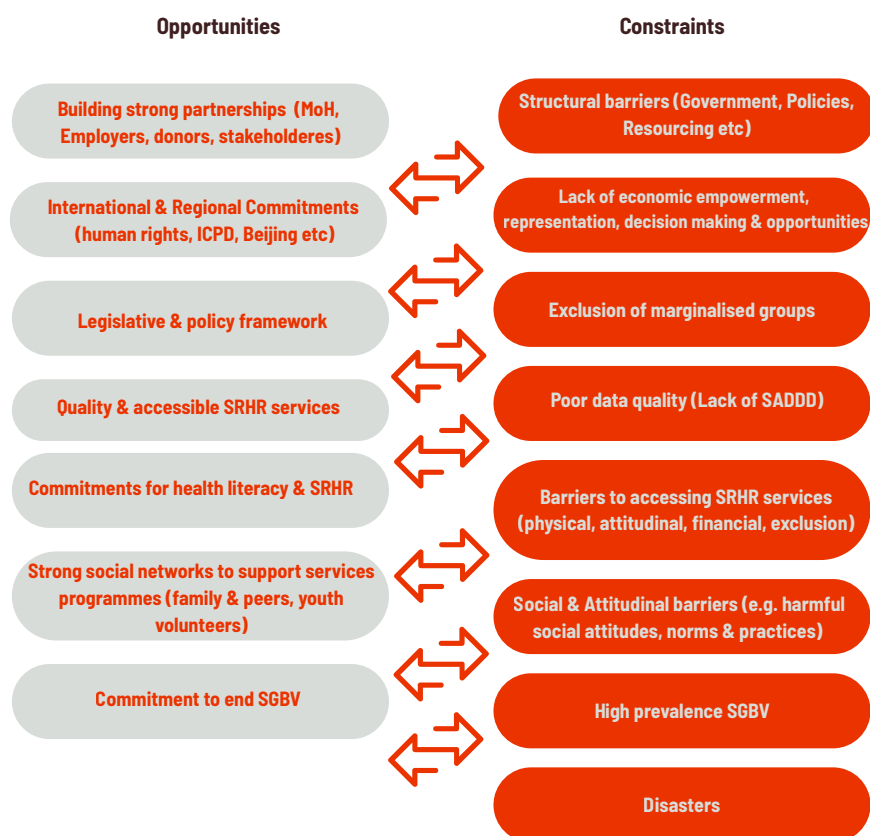


Figure 2. Summary of the opportunities and constraints to SRHR identified in 8 GEDSI analyses (2025). Opportunities and constraints identified during the rapid situation analysis from Fiji, Kiribati, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu

B. Self-assessment questionnaires

Gender Equality

- Gender-self assessments averaged a 'medium' score across the nine MAs (average 77%, range 67% to 88%), **Figure 3**.
- Three MAs scores highly (>80%) on the gender self-assessment (Cook Islands, Kiribati & Samoa).
- Health services consistently scored the highest (average score 81%, range 97% to 96%), particularly on the quality of care (QoC) elements.
- Areas for strengthening include systems and policies, planning, monitoring and evaluation and staff capacity & expertise as well as stronger integration of programming for high priority groups.

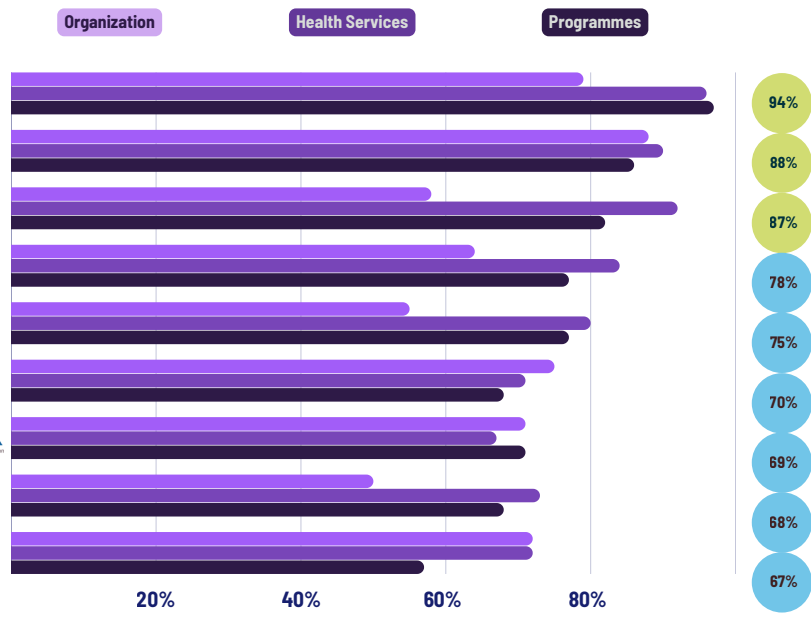


Figure 3. Gender self-assessments scores (%) for 9 Pacific Member Associations. The IPPF Gender Equality Assessment Toolkit Gender Self-assessment scores for 1. Organization, 2. Health services and 3. Programmes for each Member Association (MA). CIFWA completed theirs in December 2023 (pilot) and the rest were completed in 2025.

Disability Inclusion

- Disability inclusion assessments had an average 'medium' score across the nine MAs (average 64%, range 49% to 85%), **Figure 4**.
- Cook Islands scored highly (>80%) reflecting implementation of GEDSI action plan since pilot in 2023.
- Health services consistently scored the highest (average score 72%, range 40% to 83%). MAs that had already implemented a physical accessibility audit (e.g. Cook Islands) scored highly.
- Areas for strengthening include building staff capacity & expertise, effective communication & feedback systems, considering the needs of diverse disabilities & explicit mention of disability inclusion in policies.

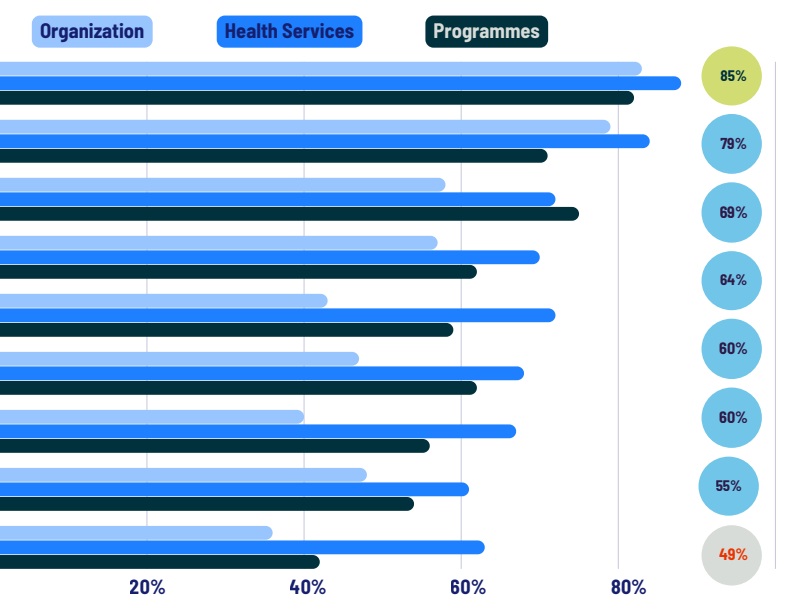


Figure 4. Disability inclusion self-assessments scores (%) for 9 Pacific Member Associations. The Disability inclusion self-assessment tool was adapted from the IPPF Gender Equality Assessment Toolkit with questionnaires for 1. Organization, 2. Health services and 3. Programmes. It was piloted with the Member Association (MA) in 2025.



Social Inclusion

- The diverse SOGIESC inclusion (social inclusion self assessments self assessments averaged a 'medium' score across the nine MAs (average 73%, range 57% to 95%), **Figure 5**.
- Two MAs scored highly (>80%) – Kiribati & Samoa.
- Service delivery (average 76%) consistently scored the highest, empowering communities (average 74%), advocacy (average 71%) and Institutional processes & practices (average 70%).
- Several MAs face restrictive national legislation and/or policies so for the external consultation 'social inclusion' was the preferred term used.

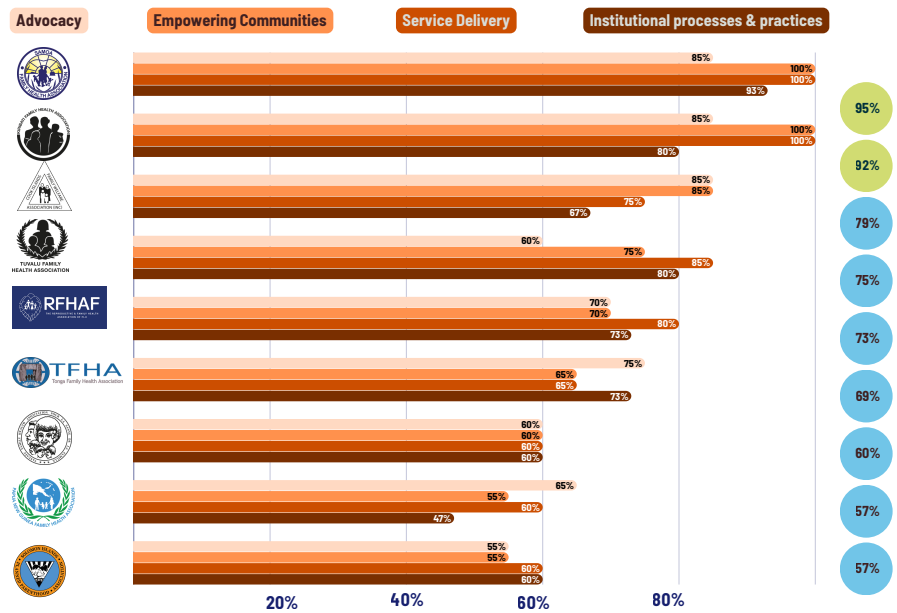


Figure 5. Social inclusion self-assessments scores (%) for 9 Pacific Member Associations. The *IPPF Diverse SOGIESC Inclusion Self-Assessment Toolkit* adapted with scoring for each Member Association (MA) with questionnaires for 1. Advocacy, 2. Empowering communities, 3. Service delivery & 4. Institutional processes & practices. CIFWA completed theirs in December 2023 (pilot) and the rest were completed in 2025.

C. Baseline GEDSI score

- All nine MAs scored over 50% on the baseline GEDSI self-assessment, **Figure 6**.
- All MAs are actively addressing GEDSI to some extent.
- Three MAs scored highly (>80%) – Cook Islands, Kiribati and Samoa.
- The baseline score allows MAs to repeat this in 2028 to measure progress.
- As a self-assessment the results are subjective & open to variation between teams.

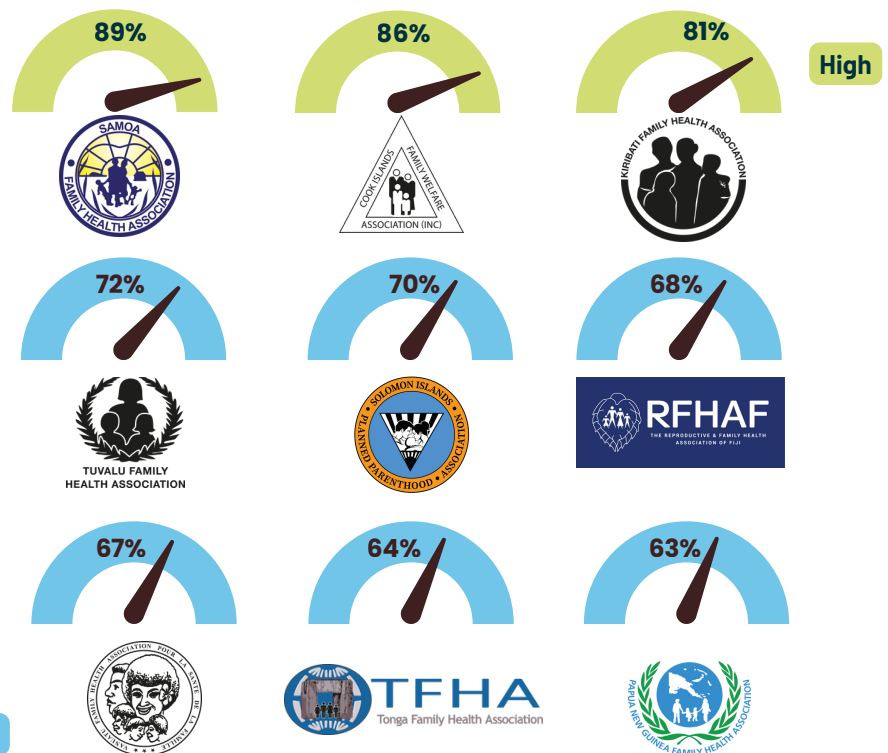


Figure 6. Summary of the baseline GEDSI scores for 9 Pacific Member Associations. The 9 MA baseline GEDSI scores consolidated gender equality, disability inclusion and diverse SOGIESC inclusion self-assessments scores to provide a high (>80%), medium (50-79%) or Low (<50%) combined score. Cook Islands completed their gender and diverse SOGIESC self-assessments during the 2023 pilot and updated their disability inclusion self assessment in 2025. The rest were completed in 2025.

D. GEDSI Action Plans (2025 to 2028)

The GEDSI self-assessments informed the MA GEDSI action plans for 2025 to 2028 and identified a clear pathway for each MA to strengthen their GEDSI approach and, if not already, to progress to a high GEDSI score by the end of 2028.

To develop the action plans the 'actions for improvement' identified in the three self-assessments (gender, disability inclusion and social inclusion) were reviewed by the participants of the MA internal workshop who grouped them into thematic areas, analysed and consolidated them into a set of actions with a recommendation for each group. The finalised actions were then given a priority score (high, medium and low), assigned responsibility and given an indicative budget to complete the GEDSI Action Plan for 2025 to 2028. The budget focused on the high to medium actions only and is intended to be reviewed and updated annually as part of the annual planning cycle for the MA integrated annual work plans (step 4). Cook Islands (CIFWA) developed their original action plan during the pilot in 2023. During the virtual workshop in September their GEDSI action plan was updated for 2025 to 2028.

Across the nine GEDSI action plans there are collectively 121 recommendations and 755 actions with a preliminary budget of approximately US\$1 million, **Figure 7**.

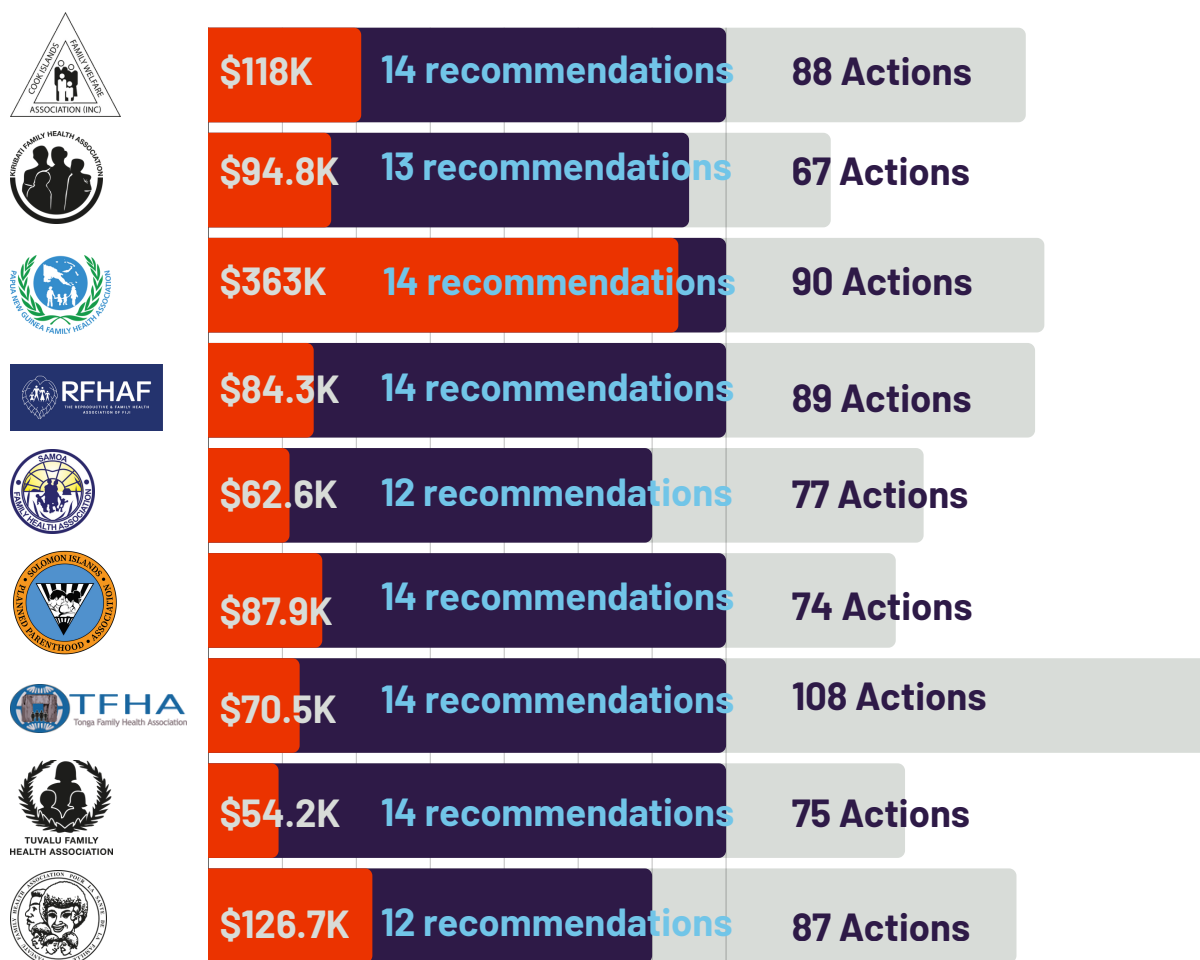


Figure 7. Summary of 9 Pacific Member Association GEDSI Action Plans for 2025 to 2028. Approximate budget in USD converted from local currency is a preliminary budget prioritizing high to medium actions and should be reviewed annually.

E. GEDSI in SRHR stakeholder consultation

Each Pacific MA completed a stakeholder consultation on GEDSI in SRHR as part of the final part of the analysis phase. The Cook Islands (CIFWA) was completed their consultation in December 2023 as part of the pilot, the other eight MAs completed their consultations between March and September 2025.

The objective of the consultations were to present and discuss the results of the GEDSI analysis and to also provide an opportunity for key stakeholders to identify gaps and barriers in SRHR service provision for vulnerable and marginalized communities and to strengthen partnerships to promote gender equality and social inclusion in health services.

Each Gender Rapid Situation Analysis identified 'constraints' & 'issues' for discussion during the stakeholder consultation. A comparative analysis of the topics discussed at the 8 stakeholder consultations in 2025 is presented in **Figure 8**.

There were a total of 218 participants from 106 organisations across the nine consultations in Cook Islands (2023), Fiji, Kiribati, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu (2025). Nearly half (48%) of participants were from Government or civil society / faith-based partners. The consultations created a safe space to discuss GEDSI in SRHR and most importantly have helped the MAs to better connect with and build strategic partnerships with the key stakeholders in their national context.

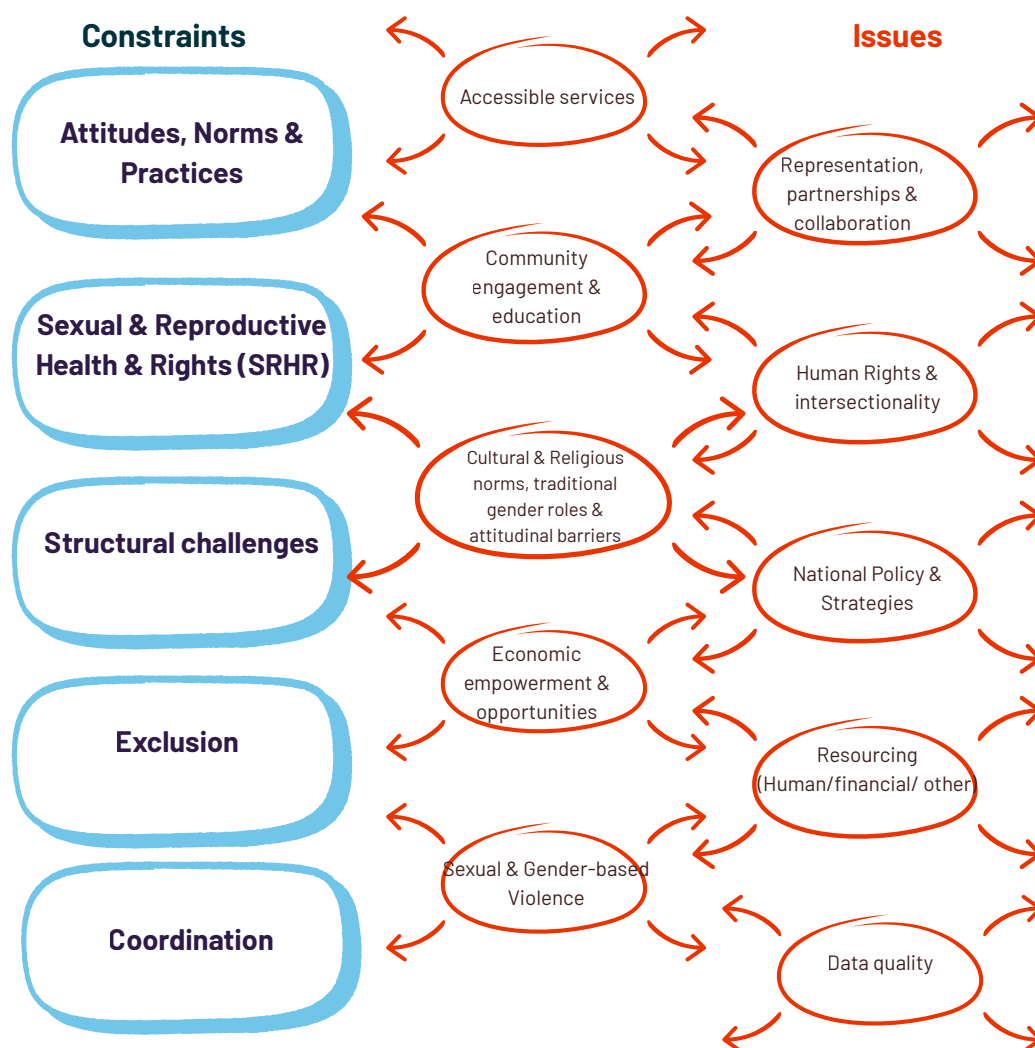


Figure 8. Common themes for the constraints and issues discussed at the 8 GEDSI in SRHR stakeholder consultations in 2025

RECOMMENDATIONS

For IPPF

1. **Review & streamline the GEDSI analysis tools** to have more inclusive and simplified language, review the rapid situation analysis methodology and reduce repetition across the self-assessment questions.
2. Develop GEDSI analysis tools into an **online e-format**.
3. Develop a **GEDSI training package for MAs** (in person and/or online).
4. Continue to **strengthen knowledge management** and ICT capacity (Microsoft 365 & SharePoint) and to capacity to use AI to support analysis (e.g. Microsoft CoPilot).
5. Continue to **build MA capacity to implement a GEDSI approach** and integrate GEDSI into annual workplans, accreditation, advocacy, quality of care, resource mobilization and strategic partnership.
6. Develop **research capacity** to effectively monitoring of shifts in perception and attitudes in relation to gender equality and inclusion over time.

For Pacific Member Associations

Summary of common recommendations across the 9 Pacific MA GEDSI Action Plans;

1. **Commit resources** (human and financial) to implement a GEDSI approach across the MA including an annual review of the GEDSI action plan, integration into annual workplans with budget and repeat the self-assessment in 2028 to measure progress.
2. **Use the GEDSI action plans** to support accreditation, advocacy, quality of care, resource mobilization and building strong strategic partnerships.
3. **Review policies and strategies** to include GEDSI inclusive language, objectives and results.
4. **Develop staff capacity building and leadership** through developing a multi-year training plan and database, ensure GEDSI is a core training (including VCAT and SGBV).
5. **Review the monitoring and evaluation framework** to include quantitative and qualitative GEDSI indicators and SADD data with regular (quarterly) review meetings with all staff.
6. **Implement a 'client hardship' policy/protocol** outlining alternative service modalities (e.g. home visit, telehealth) and fee reductions.
7. **Complete accessibility audits** (WHO checklist) for all services and programmes in collaboration with OPDs to accommodate the diverse needs of clients with disability.
8. **Review information, education & communication (IEC) resources** for accessibility, inclusive language and ensure resources are available in multiple formats.
9. **Develop Client feedback procedures** with feedback available in alternative channels and modalities. Close the feedback loop close the feedback loop visibly and consistently.
10. **Implement a capacity to consent and best interest flow-chart** at service delivery points and define informed consent and assent procedures.
11. **Strengthen and formalise partnerships** with key stakeholders.
12. **Update advocacy plans** to more strongly include GEDSI across a wider range of marginalised groups and strategic partnerships.

Pacific Member Associations



Cook Islands Family Welfare Association (CIFWA)



Kiribati Family Health Association (KFHA)



Papua New Guinea Family Health Association (PNG FHA)



Reproductive and Family Health Association of Fiji (RFHAF)



Samoa Family Health Association (SFHA)



Solomon Islands Planned Parenthood Association (SIPPA)



Tonga Family Health Association (TFHA)



Tuvalu Family Health Association (TuFHA)



Vanuatu Family Health Association (VFHA)